



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

January 4, 2001

Carson Ross, Treasurer  
Graves for Congress  
110 South 10<sup>th</sup> Street  
Tarkio, MO 64491

Identification Number: C00359034

Reference: Amended October Quarterly Report (7/01/00-9/30/00), dated 10/18/00

Dear Mr. Ross:

This letter is to inform you that as of January 3, 2001, the Commission has not received your response to our request for additional information, dated December 12, 2000. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

An adequate response must be received at the Commission by January 24, 2001. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Christopher A. Whyrick on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Gibson".

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Carson Ross, Treasurer  
Graves for Congress  
110 South 10<sup>th</sup> Street  
Tarkio, MO 64491

Identification Number: C00359034

DEC 12 2000

Reference: Amended October Quarterly Report (7/01/00-9/30/00), dated 10/18/00

Dear Mr. Ross:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report contains financial activity disclosed on a previous report. Overlapping coverage dates create difficulties in tracking the committee's cash flow. Please amend this report to include only the financial transactions that occurred between 7/20/00 and 9/30/00. (2 U.S.C. §434(b))

-Column B figures for the Summary and Detailed Summary Pages should equal the sum of the Column B figures on your previous report and the Column A figures on this report. Please file an amendment to your report to correct the Column B discrepancies and all subsequent report(s) which may be affected by this correction.

-The beginning cash balance of this report does not equal the ending balance of your 12 Day Pre-Primary Report. Please correct this discrepancy and amend all subsequent reports(s) which may be affected by the correction.

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

GRAVES FOR CONGRESS

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You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))

The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-Your report discloses a contribution(s) which appears to be from a corporation (pertinent portion attached). A contribution from a corporation is prohibited by the Act, unless it is made from a separate segregated fund established by the corporation. (2 U.S.C. §441b(a) and 11 CFR §103.3(b)) If the contribution(s) in question was not completely or correctly reported, you should amend your original report with the corrected information. If the contribution is from a corporation, you should refund the full amount to

the donor and notify the Commission of such action. The refund must be made within thirty days of the treasurer becoming aware of the impermissibility of the contribution. (11 CFR §103.3(b)(2)) Copies of refund checks for the contribution(s) in question may be used to respond to this letter. The refund should be reported on a Schedule B supporting Line 20(a) of the report covering the period in which the refund is made. (11 CFR §104.8(d)(4))

Although the Commission may take further legal action, prompt action by you to refund the prohibited amount will be considered.

-Schedule A of your report discloses a contribution(s) which appears to exceed the limits set forth in the Act (copies attached). You should examine all of your contributions to check for additional excessives. The Committee's procedures for processing contributions should also be reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (e) and (k))

The Commission notes your request for the redesignation and/or reattribution of some or all of these contributions. Please be reminded that all refunds, redesignations and reattributions must be made within sixty days of receipt of the contribution. To date, one or more of the attached excessive contributions have not been refunded, redesignated, or reattributed. Copies of refund checks and copies of letters reattributing or redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (11 CFR §104.8(d)(2), (3) and (4))

-Schedule A of your report discloses contributions received after the

GRAVES FOR CONGRESS

PAGE 4

Primary Election which are designated for the primary. These contributions may be accepted to the extent that the committee has net debts outstanding from the primary. (11 CFR §110.1(b)(3)(i))

A contribution is considered to be made when the contributor relinquishes control over the contribution. A contributor shall be considered to have relinquished control over the contribution when it is delivered to the candidate, when it is delivered to an authorized committee of the candidate, or to an agent of an authorized committee of the candidate. A contribution that is mailed to any of the aforementioned recipients will be considered to have been made on the date of the postmark. Envelopes should be retained for the committee's records. (11 CFR §110.1(b)(6))

If the contribution(s) accepted exceeds the amount of net debts outstanding from the primary election, you should refund the contribution(s) or seek redesignation of the contribution(s), in writing, from the contributor to the next election. The Commission should be notified if a refund is necessary. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period during which the refund is made. Redesignations are reported as memo entries on a Schedule A of the report covering the period in which the authorization for the redesignation is received. (11 CFR §104.8(d)(2))

Although the Commission may take further legal action, prompt action by you to refund or seek redesignation of the excessive amount(s) will be considered.

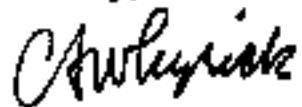
-Contributions from individuals and persons other than political committees must be itemized if the aggregate total from the contributor exceeds \$200 in a calendar year. This means that the committee does not have a reporting requirement of a contribution until the aggregate total exceeds the \$200 threshold. (2 U.S.C. §434(b)(3)) Should a committee wish to disclose contributions that do not require itemization, it must do so on a separate Schedule A and report the total amount of unitemized contributions on Line 11(a)(ii) of the Detailed Summary Page. (11 CFR §104.3(a)(4)(i))

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports

**GRAVES FOR CONGRESS**  
**PAGE 5**

Analysis Division). My local number is (202) 694-1130.

Sincerely,



Christopher A. Whyrick  
Reports Analyst  
Reports Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 2 OF 43  
FOR LINE NUMBER  
11(a)(1)

*Contributions from Individuals*

Any information copied from such Reports and Statements may not be used or used by any person for the purpose of collecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

*Fathers for Congress* C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Neely 1013 South Chestnut St. Cameron, MO 64429	Self-Employed	7/12/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Physician</i>	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Neely 1013 South Chestnut St. Cameron, MO 64429	Self-Employed	7/12/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Homemaker</i>	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Material Farms Inc. Box 743 Chillicothe, MO 64601		7/13/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Schneidk 89 1/2 1970 Highland St Louis, MO 63124	Schneidk Markets, Inc.	7/12/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>General Manager</i>	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven L. Crawford 3610 N Colony Sq. St Joseph, MO 64506	Hall Title	7/1/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>President</i>	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven L. Crawford (Same as above)	(Same as Above)	7/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bengt Henegan P.O. Box 426 Gainesville, MO 65655	Gainesville Health Care	7/11/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Administrator</i>	Aggregate Year-to-Date > \$ 250.00	
SUBTOTAL of Receipts This Page (optional) .....			\$4,250.00
TOTAL This Period (last page this line number only) .....			

## SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from IndividualsUse separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 28 OF 43  
FOR LINE NUMBER  
11(a)(c)

Any information copied from such Report and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Luana S. Carter 3302 E. Devonshire St. Joseph, MO 64506		9/25/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Art Karr P.O. Box 2117 Leavenworth, KS 66048	Karr Holding Company, Inc.	9/25/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	President		
	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bryce Dusman 4727 South 29th St., Apt. C2 Arlington, VA 22206	Phil Crane	9/25/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Communications Dir.		
	Aggregate Year-to-Date > \$ 2,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Barry Hockett 402 Park Tarkio, MO 64491	Retired	9/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Retired		
	Aggregate Year-to-Date > \$ 1,500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorenz Haert 923 North Barton St. Arlington, VA 22201		9/25/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don H. Alexander 810 W. 52nd Street Kansas City, MO 64112	Self-Employed	9/25/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Attorney		
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles M. Gerst 610 E. Cass St. Rock Port, MO 64482	Self	9/25/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Farmer		
	Aggregate Year-to-Date > \$ 1,000.00		
SUBTOTAL of Receipts This Page (optional):			\$ 5,500.00
TOTAL This Period (last page this line number only):			

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category on the  
Detailed Summary Page

PAGE 120  
FOR LINE NUMBER  
(a)(1)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

GRAVES FOR CONGRESS C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY HACKETT 902 PARK TARKIO, MO. 64491	RETIRED	06/14/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RON BENSON 1 COUNTRY CLUB ROAD ST. JOSEPH, MO. 64506	SELF	06/18/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	PLUMBING SUPPLY		
	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARGIE SHAIM 1100 ELM ST. TARKIO, MO. 64491	retired	06/19/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARGIE SHAIM 1100 ELM STREET TARKIO, MO. 64491	retired	06/19/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFF DAVIDSON 1018 WEST ST. MCARTENS FR. SUITE 900 ST. JOSEPH MO. 64506	LILES, DAVIDSON, ETAL	06/18/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	ATTORNEY		
	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY ECKER 11334 BOBCAT ROAD ELMO, MO. 64445	FARMER / SELF	06/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	FARMER		
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY MAIN 33951 LOTUS RD. BUCKLIN, MO. 64631	SELF	06/18/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	FARMER		
	Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page via line number only) \_\_\_\_\_

## SCHEDULE A

## ITEMIZED RECEIPTS

*Contributions from Individuals*Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 4 OF 43  
FOR LINE NUMBER  
11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

*Graves for Congress C00359034*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Riverwood Builders 1530 Locust Street Chillicothe, MO 64601</i>		<i>7/19/00</i>	<i>\$1,000.00 Refunded See Schedule B</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
<i>Jim Graves 12518 Lakeland St. Joseph, MO 64506</i>	Name of Employer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Mark DE Transportation	<i>7/6/00</i>	<i>\$250.00</i>
	Occupation		
	Attorney		
	Aggregate Year-to-Date > \$ 250.00		
<i>Reinilda Van Sickle 410 S. Fillmore Morganville, MO 64468</i>	Name of Employer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	AC Frico	<i>7/1/00</i>	<i>\$500.00</i>
	Occupation		
	Sales Manager		
	Aggregate Year-to-Date > \$ 500.00		
<i>Dorothy Giardina 11 Country Life Acres St. Louis, MO 63131</i>	Name of Employer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		<i>7/11/00</i>	<i>\$1,000.00</i>
	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
<i>Bill Cole 3210 Miller Rd St. Joseph, MO 64505</i>	Name of Employer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Heritage Bank	<i>7/25/00</i>	<i>\$1,000.00</i>
	Occupation		
	Banking		
	Aggregate Year-to-Date > \$ 1,000.00		
<i>Thealrt Speck 620 E 46th Street Kansas City, MO 64131</i>	Name of Employer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self-Employed	<i>7/25/00</i>	<i>\$250.00</i>
	Occupation		
	Engineer		
	Aggregate Year-to-Date > \$ 250.00		
<i>B. J. Voorhies 6500 NW Tower Dr., Suite 107 Platte Woods, MO 64151</i>	Name of Employer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self-Employed	<i>7/25/00</i>	<i>\$100.00</i>
	Occupation		
	Attorney		
	Aggregate Year-to-Date > \$ 225.00		

SUBTOTAL of Receipts This Page (optional) *\$4,100.00*TOTAL This Period (last page this line number only) *\$4,100.00*

## SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals

(See separate schedule(s) for each category of the Detailed Summary Page)

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FOR LINE NUMBER  
11(a)(1)

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## NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Harrison 5122 South Brock Radger Columbia, MD 20520	Van Metre & Harrison	6/30/00	\$1,000 Memo, see 7/31 report
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	8/8/00	(\$1,000) Memo, see new info.
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Harrison (Same as Above)	Van Metre & Harrison	8/8/00	\$1,000 Memo, new contributor information
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Giardina 11 Country Life Acres St. Louis, MO 63131		7/11/00	\$2,000 Memo, see Pre-Primary report
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/10/00	(\$1,000) Memo, see below
	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Giardina (Same as Above)		8/10/00	\$1,000.00 memo, Retribution
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Henegar P.O. Box 426 Gainesville, MD 20555	Gainesville Health Care	7/11/00	\$250 Memo, see Pre-Primary report
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	8/8/00	(\$250) Memo, see new info
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Henegar (Same as above)	Gainesville Health Care	8/8/00	\$250 Memo, New contributor information
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator		
	Aggregate Year-to-Date > \$ 0		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell Putnam 22335 LIV 443 Dawn, MD 204638	Self-Employed	6/30/00	\$1,000 Memo, see 7/31 report
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Equipment Sales	7/31/00	(\$1,000) Memo, see new info
	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional):

TOTAL This Period (best type this line number only):

## SCHEDULE A

## ITEMIZED RECEIPTS

*Contributions from Individuals*

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
11(a)(i)

## NAME OF COMMITTEE (in Full)

*Graves for Congress C00359034*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Giardina 11 Country Life Acres St. Louis, MO 63131	Community Care Center	9/30/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		Awaiting Reatribution
	Aggregate Year-to-Date > \$ 3,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine M. Giardina 11 Country Life Acres St. Louis, MO 63131		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jennifer M. Giardina 11 Country Life Acres St. Louis, MO 63131		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James S. Hensman 23 Summerhill Ct. St. Joseph, MO 64507	Mueller Const.	9/29/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Construction		
	Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitina Inc. 323 Armour Rd. North Kansas City, MO 64116		9/8/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Refunded See Schedule B
	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Murray 20 and 9th Street Kansas City, MO 64105	Public Services	8/24/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist		In-Kind Fundraising Expense
	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justin P. Untersee 10500 NW 76th Parkville, MO 64152	Tanner's	9/15/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager		In-Kind Fundraising Expense
	Aggregate Year-to-Date > \$ 100.00		
SUBTOTAL of Receipts This Page (optional):			\$ 6,300.00
TOTAL This Period (add page this line number only):			

## SCHEDULE A

## ITEMIZED RECEIPTS

*Contributions from Individuals*Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 3 OF 43  
FOR LINE NUMBER 11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (in Full)

*Friends for Congress* C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Papeland 301 H. Forest Drive Chillicothe, MO 64601	Self	6/30/00	\$3,000.00 plus July 15 Quarterly Report (\$1,000) plus a See Redesignation
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Builder	7/11/00	
	Aggregate Year-to-Date > \$ 7,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Papeland (Same as above)	(Same as above)	7/11/00	\$1,000.00 plus Redesignation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 7,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Dusenberry 472 South 29th St., Apt C2 Arlington, VA 22206	Philip Crane	7/19/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Committee Chair		
	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Bedell P.O. Box 1216 St. Leston, MO 63801	Health Facilities Management	7/12/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO		
	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Bedell 123 Greenbrier St. Leston, MO 63801	Health Facilities Management	7/12/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice Pres.		
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randal York P.O. Box 827 St. Leston, MO 63801	-	7/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Giardina 11 Country Life Acres St. Louis, MO 63131	Community Care Center	7/11/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) ..... \$ 4,250.00

TOTAL This Period (last page this line number only) .....

## SCHEDULE A

## ITEMIZED RECEIPTS

*Contributions from Individuals*Use separate schedule(s)  
for each category of the  
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11(a)(i)

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## NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Harrison 5322 South Breck Radger Columbia, MO 65201	Van Metre & Harrison	6/30/00	\$1,000 Memo, see 7/31 report
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/8/00	(\$1,000) Memo, see new info.
	Aggregate Year-to-Date	> \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Harrison (Same as above)	Van Metre & Harrison	8/8/00	\$1,000 Memo, new contributor information
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Gardina 11 Country Life Acres St. Louis, MO 63131		7/11/00	\$2,000 Memo, see Pre-Primary report
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/10/00	(\$1,000) Memo, see below
	Aggregate Year-to-Date	> \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Gardina (Same as Above)		8/10/00	\$1,000.00 memo, Retribution
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Henegar P.O. Box 426 Gainesville, MO 65655	Gainesville Health Care	7/11/00	\$250 Memo, see Pre-Primary report
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/8/00	(\$250) Memo, see new info.
	Aggregate Year-to-Date	> \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Henegar (Same as above)	Gainesville Health Care	8/8/00	\$250 Memo, New contributor information
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell Putnam 22375 LIV 443 Dawn, MO 64638	Self-Employed	6/30/00	\$1,000 Memo, see 7/31 report
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	7/31/00	(\$1,000) Memo, see new info.
	Aggregate Year-to-Date	> \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional):

TOTAL This Period (list page this line number only):

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
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*Contributions from Individuals*

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NAME OF COMMITTEE (In Full)

GRAVES FOR CONGRESS C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY HACKETT 902 PARK TARKIO, MO. 64491	RETIRED	06/14/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation  Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RON BENSON 1 COUNTRY CLUB ROAD ST. JOSEPH, MO. 64506	SELF	06/18/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation  PLUMBING SUPPLY  Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARION SHAUM 1100 ELM ST. TARKIO, MO. 64491	retired	06/19/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation  Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARIE BRAUM 1100 ELM STREET TARKIO, MO. 64491	retired	06/19/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation  Aggregate Year-to-Date > \$ 2,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFF DAVIDSON 1018 WEST ST. MCARTENS FR. SUITE #100 ST. JOSEPH MO. 64506	LILES, DAVIDSON, ETAL	06/18/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation  ATTORNEY  Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY ECKER 11334 BOBCAT ROAD ELMO, MO. 64445	FARMER / SELF	06/18/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation  FARMER  Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY MAIN 33951 LOTUS RD. BUCKLIN, MO. 64531	SELF	06/18/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation  FARMER  Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

## SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Individuals

use expense schedule(s)  
for each category of the  
Omitted Summary Page

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Any information copies from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such organization.

## NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

## A. Full Name, Mailing Address and ZIP Code

Ed Walsworth  
26486 Hwy 11  
Brookfield, MO 64628

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Walsworth  
Publishing

Date (month,  
day, year)

7/31/00

Amount of Each  
Receipt this Period

\$1,000.00

## B. Full Name, Mailing Address and ZIP Code

Mary Mary Hackett  
902 Park  
Tarkio, MO 64491

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Retired

Date (month,  
day, year)

7/28/00

Amount of Each  
Receipt this Period

\$500.00

## C. Full Name, Mailing Address and ZIP Code

Linda L. Creed  
RR 2 Box 84  
Fairfax, MO 64446

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Self-Employed

Date (month,  
day, year)

7/28/00

Amount of Each  
Receipt this Period

\$350.00

## D. Full Name, Mailing Address and ZIP Code

Brad Lager  
R.R. 3 Box 108  
Maryville, MO 64468

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Northwest Missouri  
Cellular

Date (month,  
day, year)

7/29/00

Amount of Each  
Receipt this Period

\$1,000.00

## E. Full Name, Mailing Address and ZIP Code

Brad Lager  
(Same as Above)

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

(Same as Above)

Date (month,  
day, year)

7/29/00

Amount of Each  
Receipt this Period

\$1,000.00

## F. Full Name, Mailing Address and ZIP Code

Terry Ecker  
R.R. 1 Box 73  
Elmo, MO 64445

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Self-Employed

Date (month,  
day, year)

7/31/00

Amount of Each  
Receipt this Period

\$500.00

## G. Full Name, Mailing Address and ZIP Code

Dick Thompson  
R.R. 4 Box 247  
Maryville, MO 64468

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Neodesha Valley  
Bank

Date (month,  
day, year)

7/31/00

Amount of Each  
Receipt this Period

\$400.00

## Occupation

President

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

\$4,750.00

TOTAL This Period (Do not use line number only) \_\_\_\_\_

## SCHEDULE A

## ITEMIZED RECEIPTS

*Contributions from Individuals*List Report Schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (in Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code  
Barbara J. Crawford  
3610 W Colony Sq.  
St. Joseph, MO 64506Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Homemaker

Date (month,  
day, year)

7/29/00

Amount of Each  
Receipt this Period

\$1,000.00

B. Full Name, Mailing Address and ZIP Code  
Barbara J. Crawford  
(Same as Above)Receipt For:  Primary  General  
 Other (specify):

Name of Employer

(Same as Above)

Date (month,  
day, year)

7/29/00

Amount of Each  
Receipt this Period

\$1,000.00

C. Full Name, Mailing Address and ZIP Code  
Kevin A. McGlaughlin  
4401 Hickory  
St. Joseph, MO 64506Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

7/29/00

Amount of Each  
Receipt this Period

\$1,000.00

D. Full Name, Mailing Address and ZIP Code  
Jack Bridges  
1235 W Danovand Dr.  
St. Joseph, MO 64505Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Prof Radiology of  
St. JosephDate (month,  
day, year)

7/31/00

Amount of Each  
Receipt this Period

\$300.00

E. Full Name, Mailing Address and ZIP Code  
Jay Feltner  
8520 NW Bearman  
Kansas City, MO 64154Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Lathrop + Gege

Date (month,  
day, year)

7/31/00

Amount of Each  
Receipt this Period

\$500.00

F. Full Name, Mailing Address and ZIP Code

Terry Ecker  
R.R. 2 Box 73  
Elmo, MO 64445Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Self-Employed

Date (month,  
day, year)

7/31/00

Amount of Each  
Receipt this Period

\$500.00

G. Full Name, Mailing Address and ZIP Code  
Sylvia S. Feltner  
435 Madison Rd. North  
St. Louis, MO 63141Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Homemaker

Date (month,  
day, year)

7/31/00

Amount of Each  
Receipt this Period

\$1,000.00

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

\$5,300.00

TOTAL This Period (last page this line number only) \_\_\_\_\_

SCHDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE / OF 4  
FOR LINE NUMBER  
11(a)(c)Contributions from Individuals

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## NAME OF COMMITTEE (in Full)

Graves for Progress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dave Shinneman 42 Court Drive St. Joseph, MO 64506	Self	7/1/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation <i>Management</i>	Aggregate Year-to-Date > \$ 1,000.00	
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Humphreys 2703 East 75th Street Yapin, MO 64804		7/7/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Danley Snelson 421 New Branch Rd Parkdale Kearney, MO 64116	Ferrell Gas	7/7/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation <i>CEO</i>	Aggregate Year-to-Date > \$ 1,000.00	
<input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Herzog Contracting	7/10/00	\$250.00
David Schmidling 3401 North 37th Street St. Joseph, MO 64506	Occupation <i>Part</i>	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Retired	Date (month, day, year)	Amount of Each Receipt this Period
Robert Hickok 1695 Trotter Way Florissant, MO 63033	Aggregate Year-to-Date > \$ 1,000.00	7/10/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify):	Occupation		
F. Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$ 1,000.00		
Ph. Hipp Orscheln 112-213 Washington Ct Kearney, MO 64145	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		7/11/00	\$500.00
<input type="checkbox"/> Other (specify):	Occupation		
G. Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$ 500.00		
Paul Steele Rt 2 Box 202A Ch. Hi-Cote, MO 64601	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Self	7/11/00	\$250.00
<input type="checkbox"/> Other (specify):	Occupation <i>Farmer</i>	Aggregate Year-to-Date > \$ 250.00	
SUBTOTAL of Receipts This Pg. 4 (optional)			\$4,500.00
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Designated Summary Page

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11(a)(1)

*Contributions from Individuals*

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## NAME OF COMMITTEE (In Full)

GRAVES FOR CONGRESS

C00359054

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN DICKENSON ROUTE 4 CHILlicoTHE, MO 64601	SELF	06/20/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BANKER		
	Aggregate Year-to-Date > \$	\$1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BILL SMITH 202NORTH CITY STREET TARKIO, MO. 64491	BILL SMITH TRUCKING	06/20/00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: TRANSPORTATION		
	Aggregate Year-to-Date > \$	500.00	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN WILSON 5721 WOODHAVEN LN PARKVILLE, MO. 64152	PAR ELECTRIC	06/20/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT		
	Aggregate Year-to-Date > \$	1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN WILSON SAME AS ABOVE	SAME AS ABOVE	06/20/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: same as above		
	Aggregate Year-to-Date > \$	2,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVE SHIRTMAN 42 COURT DRIVE ST. JOSEPH, MO. 64506	SELF	06/20/00	\$5 00.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Management		
	Aggregate Year-to-Date > \$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BROCK PFEST 26239 HAWTHORN RD. MARYVILLE, MO 64468	SELF	06/20/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ENGINEER		
	Aggregate Year-to-Date > \$	1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ED WADE MILLER 1207 SOUTH 4th ST ST. JOSEPH, MO.	SELF	06/20/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CONTRACTOR		
	Aggregate Year-to-Date > \$	1,000	

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

## SCHEDULE A

## ITEMIZED RECEIPTS

I file reportable schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 43  
FOR LINE NUMBER  
116301

## Contributions from Individuals

Any information copied from such Reports and Supplements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

## A. Full Name, Mailing Address and ZIP Code

Dave Shirine man  
42 Court Drive  
St. Joseph, MO 64506

Receipt For:  Primary  General  
 Other (Specify):

## Name of Employer

Self

Date (month,  
day, year)

7/1/00

Amount of Each  
Receipt This Period

\$500.00

## Occupation

Management

Aggregate Year-to-Date > \$

1,000.00

## B. Full Name, Mailing Address and ZIP Code

David Humphreys  
2703 East 35th Street  
Yaphank, NY 11786

Receipt For:  Primary  General  
 Other (Specify):

## Name of Employer

Self-Employed

Date (month,  
day, year)

7/1/00

Amount of Each  
Receipt This Period

\$1,000.00

## Occupation

Small Business Owner

Aggregate Year-to-Date > \$

1,000.00

## C. Full Name, Mailing Address and ZIP Code

Deonley Siedlar  
221 New Braddock Rd., Eddy  
New York City, NY 10016

Receipt For:  Primary  General  
 Other (Specify):

## Name of Employer

Farrell Gas

Date (month,  
day, year)

7/1/00

Amount of Each  
Receipt This Period

\$1,000.00

## Occupation

CEO

Aggregate Year-to-Date > \$

1,000.00

## D. Full Name, Mailing Address and ZIP Code

Dale Schmidinger  
3481 North 37th Street  
St. Joseph, MO 64506

Receipt For:  Primary  General  
 Other (Specify):

## Name of Employer

Herzog Contracting

Date (month,  
day, year)

7/10/00

Amount of Each  
Receipt This Period

\$250.00

## Occupation

Plat

Aggregate Year-to-Date > \$

250.00

## E. Full Name, Mailing Address and ZIP Code

Robert Hickok  
1695 Trotter Way  
Florissant, MO 63073

Receipt For:  Primary  General  
 Other (Specify):

## Name of Employer

Date (month,  
day, year)

7/10/00

Amount of Each  
Receipt This Period

\$1,000.00

## Occupation

Retired

Aggregate Year-to-Date > \$

1,000.00

## F. Full Name, Mailing Address and ZIP Code

Philip O'Sullivan  
12213 Washington Ct  
Kansas City, MO 64145

Receipt For:  Primary  General  
 Other (Specify):

## Name of Employer

Sidman + Evans Law  
Group

Date (month,  
day, year)

7/11/00

Amount of Each  
Receipt This Period

\$500.00

## Occupation

Attorney

Aggregate Year-to-Date > \$

500.00

## G. Full Name, Mailing Address and ZIP Code

Paul Steele  
Rt 2 Box 2024  
Chillicothe, MO 64601

Receipt For:  Primary  General  
 Other (Specify):

## Name of Employer

Self

Date (month,  
day, year)

7/11/00

Amount of Each  
Receipt This Period

\$250.00

## Occupation

Father

Aggregate Year-to-Date > \$

250.00

SUBTOTAL of Receipts This Page (optional) .....

\$4,500.00

TOTAL This Period (last page this line number only) .....

